

PRIVATE DAY SCHOOLS SES CONTRACTORS

ED06-0047

<u>VENDOR NAME</u>	<u>ADDRESS 1</u>	<u>ADDRESS 2</u>	<u>CITY, STATE, ZIP</u>	<u>No</u>
The ACES	6815 W. Cactus Road		Peoria, AZ 85381	1
Play ABA	3929 S. Rural Road		Tempe, AZ 85282	2
Exceptional Educational Services	1110 E. Missouri Avenue	Suite 160	Phoenix, AZ 85014	3
Howard S. Gray Education Program	Banner Behavioral Health Hospital	7575 East Earll Drive	Scottsdale, AZ 85251	4
Nellie P. Covert School	2700 S. 8th Avenue		Tucson, AZ 85713	5
Gompers Center, Inc.	6601 N. 27th Avenue		Phoenix, AZ 85017	6
PREHAB of Arizona, Inc.	P.O. Box 5860		Mesa, AZ 85211-5860	7
New Way Learning Academy	1300 N. 77th Street		Scottsdale, AZ 85257	8
Life Development Institute	18001 N. 79th Avenue	Suite E-71	Glendale, AZ 85308	9
ACCEL	10251 N. 35th Avenue		Phoenix, AZ 85051	10
Gateway Academy	14255 N. 76th Place, A1		Scottsdale, AZ 85260	11
Phoenix Center for Education	4229 N. 16th Street		Phoenix, AZ 85016	12
Academic Behavioral Alternatives	1835 E. Guadalupe Road	Suite 103	Tempe, AZ 85283	13
Desert Voices Oral Learning Center	3426 E. Shea Boulevard		Phoenix, AZ 85208	14
Children's Center for Neurodevelopmental Studies	5430 W. Glenn Drive		Glendale, AZ 85301	15
St. Michaels Assoc. for Special Education, Inc.	P.O. Box 100 - Mustang Road		St. Michaels, AZ 86511	16
4 Success Schools, LLC	5727 N. Black Canyon Highway		Phoenix, AZ 85015	17
Foundation for Blind Children	1235 E. Harmont Drive		Phoenix, AZ 85020	18
Devereux Arizona	6436 E. Sweetwater Avenue		Scottsdale, AZ 85254	19
Arizona Baptist Children's Services	6015 W. Peoria Avenue		Glendale, AZ 85302	20
Upward Foundation	6306 N. 7th Street		Phoenix, AZ 85014	21
Starways, Inc. dba Hi-Star Center for Children	5807 N. 43rd Avenue		Phoenix, AZ 85019	22
Alternatives Unlimited	1801 S. 12th Street, SW Wing		Phoenix, AZ 85034	23
Youth Development Institute	1830 E. Roosevelt Road		Phoenix, AZ 85006	24
Southwest Education Center	4433 N. 7th Street		Phoenix, AZ 85014	25



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The ACES: Austin Centers for Exceptional Students Frances Austin
Company Name Name of Person Authorized to Sign Offer

6815 W. Cactus Rd
Street Address

Peoria Az 85381
City State Zip Code

Telephone Number: (602) 937-5090

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

President
Title of Authorized Person

[Signature] 5/17/06
Signature of Authorized Person Date of Offer

Facsimile Number: (602) 937-5349

267-8320-5

20-860793737

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-17-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 01.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

[Signature]
Douglas C. Peebles, MBA, CPPB, CPCP
Procurement Director

ACES Personnel

President: Francie Austin
Human Resources: Larry Schwarz
School Psychologists: Gay Hardy
Millie Crawley

West Campus: 6815 W. Cactus Rd.
Peoria, Az 85381
(623) 937-5090

123 employees including teachers, teaching assistants, behavior coaches, administrative staff, and support staff.

Principal/Administrator: Francie Austin

Lead Counselor: Jeanne McGraw
Counselors: Jennifer Montgomery
Karla Songer
Sharon Spence

Speech Therapists: Pam McLaughlin
Julie Phillips

Occupational Therapist: Chri Wade

East Campus: 745 N. Alma School Rd.
Mesa, Az 85201
(480) 820-5186

21 employees including teachers, teaching assistants, behavior coaches, administrative staff, and support staff.

Principal/Administrator: Garen Austin

Counselors: Jennifer Turek
Shari Deitz

Speech Therapist: Julie Phillips

Occupational Therapist: Chri Wade

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$ 152.00	186	28,272.00
EDP: Emotional Disability/Separate Facility of Private School	\$ 128.00	186	23,808.00
HI: Hearing Impairment	—		
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	—		
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	—		
MIMR: Mild Mental Retardation	\$ 128.00	186	23,808.00
MOMR: Moderate Mental Retardation	\$ 128.00	186	23,808.00
OHI: Other Health Impairment	\$ 128.00	186	23,808.00
OI: Orthopedic Impairment	—		
PMD: Preschool-Moderate Delay	—		
PSD: Preschool-Severe Delay	—		
PSL: Preschool-Speech/Language Delay	—		
SLD: Specific Learning Disability	\$ 128.00	186	23,808.00
SLI: Speech/Language Impairment	\$ 128.00	186	23,808.00
SMR: Severe Mental Retardation	—		
TBI: Traumatic Brain Injury	\$ 128.00	186	23,808.00
VI: Visual Impairment	—		
Alternative General Education: for At-Risk students	\$ 128.00	186	23,808.00

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by N/A %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$110 per hour
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$110 per hour
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$110 per hour
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$183-420
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Transportation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	Variable
Other: <i>Speech and language evaluation</i>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$131 - 367
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$106 per day

Circle all grades for which you are approved:

PreK ☒ K ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Play ABA / Chrysalis Academy Tara J. Rice
Company Name Name of Person Authorized to Sign Offer
3929 S. Rural Rd. Co-owner
Street Address Title of Authorized Person
Tempe AZ 85282 Squaxrice 5/8/06
City State Zip Code Signature of Authorized Person Date of Offer
Telephone Number: 602-743-5000 Facsimile Number: 480-491-8836

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-8-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 02.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCU
Procurement Director

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$ 138.00	181	\$ 24,978.00
EDP: Emotional Disability/Separate Facility of Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI Speech/Language Impairment	\$ 138.00	181	\$ 24,978.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$75/hr.
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$75/hr.
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other: <i>1:1 aide support</i>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$75.00/day
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	\$138/day

Circle all grades for which you are approved:

PreK ☒ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Exceptional Educational Services
Desert Choice School

Company Name

Marshall Langan

Name of Person Authorized to Sign Offer

110 E. Missouri Ave. Ste. 160

Street Address

Partner

Title of Authorized Person

Phoenix, AZ 85014

City

State

Zip Code

Marshall Langan

Signature of Authorized Person

5/19/06

Date of Offer

Telephone Number: 602.274.1311

Facsimile Number: 602.889.0900

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

86-0955224

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-19-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-03.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCP
Procurement Director

ATTACHMENT 6.1
FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	* 120 ¹⁸	180	* 21,600 ¹⁸
EDP: Emotional Disability/Separate Facility of Private School	120 ¹⁸	180	21,600 ¹⁸
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	120	180	21,600 ¹⁸
MOMR: Moderate Mental Retardation	120	180	21,600 ¹⁸
OHI: Other Health Impairment	120	180	21,600 ¹⁸
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	120	180	21,600 ¹⁸
SLI: Speech/Language Impairment	120	180	21,600 ¹⁸
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1
FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$65 per hour
Occupational Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$65 per hr
Physical Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$65 per hr
Audiology	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Pre-vocation/Vocational	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$80 per hr
Parent Counseling and Training	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$80 per hr
Psychoeducational Assessments	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$65 ⁰⁰
Psychological Services	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$120 per hr.
Recreation	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
School Health Services	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Medical	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Transportation	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$25 ⁰⁰ per day
Other:	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Other:	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Other:	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$120 ⁰⁰ per day

Circle all grades for which you are approved:

PreK ☒ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

**Howard S. Gray Education Program @
Banner Behavioral Health Hospital-Scottsdale**

Patricia Little-Upah

Company Name

Name of Person Authorized to Sign Offer

7575 East Earll Drive

Chief Executive Officer

Street Address

Title of Authorized Person

Scottsdale

Arizona

85251

City

State

Zip Code

Patricia Little-Upah *5-12-06*
Signature of Authorized Person Date of Offer

Telephone Number: **480-941-7558**

Facsimile Number: **480-941-7614**

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

See Attached

Offeror's Federal Employer Identification Number:

27-0036480

Acknowledgement of Amendment(s):

Amendment No. Date

Amendment No. Date

(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

May 10, 2006

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-12-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED06-0047- 04**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

A. C. B. Upah

**SECTION 2
SPECIAL TERMS AND CONDITIONS**

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Howard S. Gray Education Program @ Banner Behavioral Health Hospital - Scottsdale
(Company Name)

7575 East Earll Drive
(Street Address)
Scottsdale, Arizona 85251
(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

Patricia Little-Upah Chief Executive Officer
(Name and Title)

7575 East Earll Drive
(Street Address)

Scottsdale, Arizona 85251
(City & State) (Zip Code)

480-941-7575 FAX: 480-941-5558
(Telephone & Facsimile Numbers)

Pat.little@bannerhealth.com
(E-mail Address)

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$115.00	181	*
EDP: Emotional Disability/Separate Facility of Private School	\$ 115.00	181	*
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$ 115.00	181	*
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$ 115.00	181	*
SLI Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

***Gray Education Program bills for all days in attendance and up to 5 consecutive day of absence. Thereafter, charges will not resume until the student resumes attending. Annual tuition for a student who attends every day would be \$20,815.00.**

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy (full eval. \$300.00)	Y	N	\$25.00/unit
Occupational Therapy (full eval 220.00)	Y	N	\$22.50/unit
Physical Therapy	N	N	
Audiology	N	N	
Pre-vocation/Vocational	N	N	
Counseling/Guidance for Students	Y	N	\$25.00/unit
Parent Counseling and Training	N	N	
Psychoeducational Assessments	N	N	
Psychological Services	Y	N	\$100.00/hr
Recreation	Y	Y	
School Health Services	Y	Y	
Medical	N	N	
Transportation (Available only to contracted districts)	Y	N	\$45.00/day
Other: Psychiatric Services	Y	N	\$145.00/hr.
Other: Social Work Services	Y	N	\$75.00/hr.
Other:			
Extended School Year (selected dates in June, July, & August)	Y	N	\$75.00/day

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12

2006-2007 Fee Schedules for Howard S. Gray Education Program

Basic fee for Education \$ 115.00 per day

Related Services

Fee

Speech/Language Therapy-
Full Evaluation

\$300.00 / evaluation

Direct Speech/Language therapy service

\$ 25.00 / unit (unit= 15 Min.)

Occupation Therapy Services

\$ 22.50 / unit (unit= 15 min.)
\$ 220.00 / Evaluation

Personal Counseling

\$25.00 / unit (unit= 15 min.)

Psychological Services

\$100.00 / hour

Psychiatric Services

\$145.00 / hour

Social Work Services

\$ 75.00 / hour

Extended School Year

\$75.00 / day

Transportation

\$45.00 / day



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Nellie P. Covert School
Company Name

2700 S. 8th Avenue
Street Address

Tucson AZ 85713
City State Zip Code

Telephone Number: 520-622-7611

Shelly Kilmer
Name of Person Authorized to Sign Offer

Principal
Title of Authorized Person

Shelly Kilmer
Signature of Authorized Person Date of Offer

Facsimile Number: 520-624-4885

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-26-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 05.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCU
Procurement Director

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	105.00	180	18,900
EDP: Emotional Disability/Separate Facility of Private School	105.00	180	18,900
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	105.00	180	18,900
MOMR: Moderate Mental Retardation	105.00	180	18,900
OHI: Other Health Impairment	105.00	180	18,900
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	105.00	180	18,900
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	105.00	180	18,900

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by N/A%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	Y	<input checked="" type="radio"/> N	Y	N	
Occupational Therapy	Y	<input checked="" type="radio"/> N	Y	N	
Physical Therapy	Y	<input checked="" type="radio"/> N	Y	N	
Audiology	Y	<input checked="" type="radio"/> N	Y	N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y	N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y	N	
Parent Counseling and Training	Y	<input checked="" type="radio"/> N	Y	N	
Psychoeducational Assessments	Y	<input checked="" type="radio"/> N	Y	N	
Psychological Services	Y	<input checked="" type="radio"/> N	Y	N	
Recreation	Y	<input checked="" type="radio"/> N	Y	N	
School Health Services	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y	N	
Medical	Y	<input checked="" type="radio"/> N	Y	N	
Transportation	Y	<input checked="" type="radio"/> N	Y	N	
Other:	Y	N	Y	N	
Other:	Y	N	Y	N	
Other:	Y	N	Y	N	
Extended School Year	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y	N	105.00

Circle all grades for which you are approved:

PreK K ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Gompers Center, Inc.
Company Name

6601 N. 27th Ave.
Street Address

Phoenix, AZ 85017
City State Zip Code

Telephone Number: 602. 336. 0061

DAN ZELLA
Name of Person Authorized to Sign Offer

EXECUTIVE DIRECTOR
Title of Authorized Person

Dan Zella
Signature of Authorized Person Date of Offer

Facsimile Number: 602. 336. 0249

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: ---

Offeror's Federal Employer Identification Number: 86-0098909

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-26-06 is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 06.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peeples
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

(Company Name)

(Street Address)

(City & State)

(Zip Code)

17. Contractor representative to contact for contract administration purposes:

Mark Jacoby, Assistant Executive Director
(Name and Title)

6601 N. 27th Avenue
(Street Address)

Phoenix, AZ 85017
(City & State) (Zip Code)

602.336.0061(ext.104) Facsimile 602.336-0249
(Telephone & Facsimile Numbers)

mjacoby@gomperscenter.org
(E-mail Address)

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate <i>all categories</i>	Days in Calendar	Annual Rate <i>all categories</i>
A: Autism	<i>\$ 145.00</i>	<i>181</i>	<i>\$ 26,245</i>
EDP: Emotional Disability/Separate Facility of Private School	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
HI: Hearing Impairment	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
PSD: Preschool-Severe Delay	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
PSL: Preschool-Speech/Language Delay	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
SLD: Specific Learning Disability	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
SLI: Speech/Language Impairment - <i>only as a related service</i>			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
Alternative General Education: for At-Risk students	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

If payment is made within *N/A* calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by *N/A* %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	(Y) N	Y (N)	\$75 ⁰⁰ hour
Occupational Therapy	(Y) N	Y (N)	70 ⁰⁰ hour
Physical Therapy	(Y) N	Y (N)	70 ⁰⁰ hour
Audiology	Y (N)	Y ^{N/A} N	
Pre-vocation/Vocational Transition Services	(Y) N	Y (N)	\$50 ⁰⁰ Over 3hrs 40 ⁰⁰ up to 3hrs
Counseling/Guidance for Students	Y (N)	Y ^{N/A} N	
Parent Counseling and Training (Informal)	Y (N)	Y ^{N/A} N	
Psychoeducational Assessments	Y (N)	Y ^{N/A} N	
Psychological Services	Y (N)	Y ^{N/A} N	
Recreation (Therapeutic)	(Y) N	Y (N)	65 ⁰⁰ hour
School Health Services	(Y) N	(Y) N	
Medical	Y (N)	Y ^{N/A} N	
Transportation	Y (N)	Y ^{N/A} N	
Other: Music Therapy	(Y) N	Y (N)	50 ⁰⁰
Other: Therapy Evaluations	(Y) N	Y (N)	Applicable hourly therapy rate + time 3 plus \$4000
Other: One on One Paraprofessional	(Y) N	Y (N)	\$97 ⁰⁰
Extended School Year	(Y) N	Y (N)	120 ⁰⁰ per day

Circle all grades for which you are approved:

PreK (K) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

Effective August 14, 2006 through July 27, 2007

1. SERVICES FEE SCHEDULE: Gompers Private Special Education School

Disabilities	Daily Rate		Yearly Rate
All Categories	Cost	Days In Schedule	Yearly Cost (cost times days)
	\$145.00	181	\$26,245

2. RELATED SERVICES FEE SCHEDULE: Gompers Private Special Education School
Must be written into the student's Individualized Education Plan (IEP)

Service - Direct and/or Indirect	Daily Rate	Hourly Rate
Speech Therapy	N/A	\$75.00
Physical Therapy	N/A	\$70.00
Occupational Therapy	N/A	\$70.00
Therapeutic Recreation	N/A	\$65.00
Music Therapy	N/A	\$50.00
Therapy Evaluation	Applicable hourly Therapy rate times 3 plus \$40.00	N/A
Extended School Year	\$120.00	N/A
One on One Aid	\$97.00	N/A
Vocational Transition Services	\$50.00 - Over 3 Hours \$40.00 - Up to 3 Hours	No charge
Behavior Specialist	Included In Basic Tuition	No charge
Health Screenings (including Dental, Hearing and Vision)	Included In Basic Tuition	No Charge
School Nurse	Included In Basic Tuition	No charge
Medicaid Cost Tracking (MIPS)	Included In Basic Tuition	No charge
Quarterly Progress Reports	Included In Basic Tuition	No charge

Revised 05.04.06



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

PREHAB of Arizona, Inc.

Company Name

P.O. Box 5860

Street Address

Mesa, AZ 85211-5860

City

State

Zip Code

Telephone Number: 480.969.4024

Michael T. Hughes

Name of Person Authorized to Sign Offer

Executive Director

Title of Authorized Person

[Signature]

Signature of Authorized Person

5.26.06

Date of Offer

Facsimile Number:

480.969.0039

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

86-0256667

Acknowledgement of Amendment(s):

(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-26-06 is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 07.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

[Signature]
Douglas C. Peebles, MBA, CPPB, CPCPM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

PREHAB of Arizona, Inc.
(Company Name)
P.O. Box 5860
(Street Address)
Mesa, AZ 85211-5860
(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

Gary Brennan, Vice President of Operations
(Name and Title)
P.O. Box 5860
(Street Address)
Mesa, AZ 85211-5860
(City & State) (Zip Code)
480.969.4024/480.969.0039
(Telephone & Facsimile Numbers)
gbrennan@prehab.org
(E-mail Address)

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School	K-8 98.39 9-12 100.23	199	19,579.61 19,945.77
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	K-8-35.00 9-12-35.00	199	6,965
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within 30 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

New Way Learning Academy
Company Name

D. SHARON HILL
Name of Person Authorized to Sign Offer

1300 N. 77th St.
Street Address

EXECUTIVE DIRECTOR
Title of Authorized Person

Scottsdale AZ 85257
City State Zip Code

D. Sharon Hill
Signature of Authorized Person Date of Offer

Telephone Number: 480-946-9112 Ext 102 Facsimile Number: 480-946-2657

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

86-0215781

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date
1 5/1/06

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-26-06 is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 08.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$ 140 -	180	\$ 25,200
SLI: Speech/Language Impairment	\$ 140 -	180	\$ 25,200
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Recreation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
School Health Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$140 per day

Circle all grades for which you are approved:

PreK ☒ K ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Life Development Institute
Company Name

18001 N. 79th Avenue Ste: E-71
Street Address

Glendale AZ 85308
City State Zip Code

Telephone Number: (623) 773-2774

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

Rob Crawford
Name of Person Authorized to Sign Offer

Chief Executive Officer
Title of Authorized Person

Mr. Crawford 5/1/06
Signature of Authorized Person Date of Offer

Facsimile Number: (623) 773-2788

see attached

86-0456403

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-1-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 09.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCU
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Life Development Institute (same)
(Company Name)

(Street Address)

(City & State)

(Zip Code)

17. Contractor representative to contact for contract administration purposes:

Rob Crawford CEO
(Name and Title)

18001 N. 79th Ave E-71
(Street Address)

Glendale, AZ 85308
(City & State) (Zip Code)

phone: (623) 773-2774 fax: (623) 773-2788
(Telephone & Facsimile Numbers)

rcrawford@life-development-inst.org
(E-mail Address)

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$90	180	\$16,200
EDP: Emotional Disability/Separate Facility of Private School	\$90	180	\$16,200
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	\$90	180	\$16,200
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$90	180	\$16,200
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$90	180	\$16,200
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$90	180	16,200
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1
FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Occupational Therapy	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Physical Therapy	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Audiology	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y	N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y	N	
Parent Counseling and Training	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Psychoeducational Assessments	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Psychological Services	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y	N	
School Health Services	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Medical	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Transportation	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Other:	Y	N	Y	N	
Other:	Y	N	Y	N	
Other:	Y	N	Y	N	
Extended School Year	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 ☒ 10 ☒ 11 ☒ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Arizona Centers for Comprehensive Education and Life-Skills
(Formerly LATCH School, Inc.)

Connie F. Laird

Company Name

Name of Person Authorized to Sign Offer

10251 N. 35th Ave.

Executive Director

Street Address

Title of Authorized Person

Phoenix

AZ

85051

City

State

Zip Code

Signature of Authorized Person

Date of Offer

Telephone Number: **602 995 7366**

Facsimile Number: **602 995 0867**

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

certificate attached

Offeror's Federal Employer Identification Number:

95-349-7070

Acknowledgement of Amendment(s):

(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated **5-10-06**, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED06-0047- 10**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this **19th** day of **June**, 2006.

Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

(Company Name)

(Street Address)

(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

Connie F. Laird, Executive Director

(Name and Title)

10251 N. 35th Ave.

(Street Address)

Phoenix, AZ 85051

(City & State) (Zip Code)

602 995 7366, 602 995 0867

(Telephone & Facsimile Numbers)

claird@accel.org

(E-mail Address)

ATTACHMENT 6.1
FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	186.11	180	33,500.
EDP: Emotional Disability/Separate Facility of Private School	171.67	180	30,900.
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	please see	attached	
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	please see	attached	
MIMR: Mild Mental Retardation	171.67	180	30,900.
MOMR: Moderate Mental Retardation	177.78	180	32,000.
OHI: Other Health Impairment	164.45	180	29,600.
OI: Orthopedic Impairment	164.45	180	29,600.
PMD: Preschool-Moderate Delay	112.22	180	20,200.
PSD: Preschool-Severe Delay	125.00	180	22,500.
PSL: Preschool-Speech/Language Delay	112.22	180	20,200.
SLD: Specific Learning Disability	164.45	180	29,600.
SLI: Speech/Language Impairment	164.45	180	29,600.
SMR: Severe Mental Retardation	164.45	180	29,600.
TBI: Traumatic Brain Injury	164.45	180	29,600.
VI: Visual Impairment	164.45	180	29,600.
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ACCEL is entering its 27th year of operation. All teachers meet the certification requirements of ADE. In addition, in order to receive ADE approval of private schools, our liability insurance and curriculum guides have been submitted to ADE and meet standards for promotion and graduation. ACCEL is approved by the Arizona Department of Education, licensed by the Arizona Department of Health Services, and a member of the National Association of Private Special Education Centers (NAPSEC).

The 2006/2007 tuition rates for all services provided at ACCEL are as follows:

CATEGORY	ANNUAL RATE	A.D.M. BASIS	
		PAYMENT IN 10 BILLINGS	DAILY RATE 180 days
OI,SMR,OHI,TBI, VI,SLI,SLD	\$29,600	\$2,960	\$164.45
EDP,MIMR, MIMR/ED	\$30,900	\$3,090	\$171.67
MDSSI,MOMR	\$32,000	\$3,200	\$177.78
AUTISTIC, MOMR/ED, SMR/ED	\$33,500	\$3,350	\$186.11

The daily rate is prorated only on student entrance month, if late entry. Tuition for the remainder of the year reverts to 10 payment month basis. If early withdrawal takes place, the daily rate will be applied.

Please note that school hours are: 8:30 to 2:45 p.m.

ESY: The following costs are for the 2007 Extended School Year:

OI, SMR, OHI, TBI, VI	\$3,200
MIMR, MIMR/ED, EDP	\$3,300
MDSSI,MOMR	\$3,400
AUTISTIC,MOMR/ED,SMR/ED	\$3,600

Dates of ESY services: June 11, - July 19, 2007. ACCEL will be closed on July 4, 2007.

Please call Connie Laird, Executive Director, (602) 995-7366, if you need further information.

The 2006/2007 SY tuition rates for all services provided at the ACCEL EARLY LEARNING CENTER/ are listed as follows:

CATEGORY	ANNUAL RATE	PAYMENT IN 10 BILLINGS A.D.M. BASIS	DAILY RATE
PSL, PMD	\$20,200.00	\$2,020.00	\$112.22
PSD	\$22,500.00	\$2,250.00	\$125.00

The ACCEL EARLY LEARNING CENTER is entering its 18th year of operation and all teachers meet the certification requirements of ADE. In addition, in order to receive ADE approval for private schools, our liability insurance and curriculum guides have been submitted to ADE and are on file at the State Department.

ACCEL EARLY LEARNING CENTER is affiliated with the following:

Approved by the Arizona Department of Education, licensed by the Arizona Department of Health Services, and a member of the National Association of Private Special Education Centers.

Any further information may be obtained from the Learning Center Director, CHRISTINE HORTON at 602-864-6681.

Daily rate is prorated only on student's entrance month, if late entry occurs. Tuition for the remainder of the year reverts to register month basis. If early withdrawal takes place, daily rate will be applied.

ESY: Extended School Year 2007 Early Learning Center , all categories, **PSL, PMD & PSD** .

\$2,700.00

Dates of ESY services: June 11 - July 19, 2007 - closed July 4, for the 4th of July Observance.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Psychological Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Other: AQUATICS THERAPY	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other: THERAPEUTIC HORSEBACK RIDING	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other: ADAPTIVE P.E. & MUSIC THERAPY	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	see attached

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

COREWAY ACADEMY
Company Name

D. RANN SWEET
Name of Person Authorized to Sign Offer

14255 N. 76th PLACE A1
Street Address

EXECUTIVE DIRECTOR
Title of Authorized Person

SCOTTSDALE AZ 85260
City State Zip Code

[Signature] 5/1/06
Signature of Authorized Person Date of Offer

Telephone Number: 480-998-1071

Facsimile Number: 480-998-1046

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

20-2689988

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-1-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-11.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCP
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

(Company Name)

(Street Address)

(City & State)

(Zip Code)

17. Contractor representative to contact for contract administration purposes:

O. ROBIN SWITZ / EXECUTIVE DIRECTOR
(Name and Title)

14255 N. 76th AVE A-1
(Street Address)

SCOTTSDALE AZ, 85260
(City & State) (Zip Code)

480-998-1071 480-998-1046
(Telephone & Facsimile Numbers)

COWLEYACADEMY@cox.net
(E-mail Address)

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$ 150	180	\$ 27,000
EDP: Emotional Disability/Separate Facility of Private School	\$ 150	180	\$ 27,000
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	\$ 150	180	\$ 27,000
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$ 150	180	\$ 27,000
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$ 150	180	\$ 27,000
SLI: Speech/Language Impairment	\$ 150	180	\$ 27,000
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$ 100 / hr
Occupational Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$ 128 / hr.
Physical Therapy	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Audiology	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$ 120 / hr
Parent Counseling and Training	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Psychoeducational Assessments	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$ 250 / hr
Psychological Services	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$ 300 / hr
Recreation	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Medical	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Transportation	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Other: MUSIC THERAPY	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Other: DOG THERAPY	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Other: YOGA	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$ 150 / DAY

Circle all grades for which you are approved:

PreK ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

ATTACHMENT 6.1

FEE SCHEDULE (other charges)

Solicitation No. ED06-0047

- 1. Registration Fee: \$400**
- 2. Admissions Testing Fee: \$100**



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

PHOENIX CENTER FOR EDUCATION

Company Name

4229 N. 16th ST.

Street Address

PHOENIX

AZ

85016

City

State

Zip Code

Telephone Number:

602-230-0010

ALVIN ALLGOOD

Name of Person Authorized to Sign Offer

EXECUTIVE VICE PRESIDENT

Title of Authorized Person

[Signature] 5/26/06

Signature of Authorized Person

Date of Offer

Facsimile Number:

602-265-9491

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

86-0596003

Offeror's Federal Employer Identification Number:

86-0596003

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-26-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-12.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

PHOENIX CENTER FOR EDUCATION
(Company Name)

4229 N. 16th STREET
(Street Address)

PHOENIX, AZ 85016
(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

ROSEANNA MARTINEZ, DIRECTOR
(Name and Title)

4229 N. 16th STREET
(Street Address)

PHOENIX, AZ 85016
(City & State) (Zip Code)

(school) 602-230-0010 (fax) 602-265-9491
(Telephone & Facsimile Numbers)

rmartin701@qwest.net
(E-mail Address)

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$117.16	184	21557.44
EDP: Emotional Disability/Separate Facility of Private School	\$117.16	184	21557.44
HI: Hearing Impairment	\$ N/A	N/A	N/A
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$117.16	184	21557.44
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$ 117.16	184	21557.44
MIMR: Mild Mental Retardation	117.16	184	21557.44
MOMR: Moderate Mental Retardation	117.16	184	21557.44
OHI: Other Health Impairment	117.16	184	21557.44
OI: Orthopedic Impairment	117.16	184	21557.44
PMD: Preschool-Moderate Delay	N/A	N/A	N/A
PSD: Preschool-Severe Delay	N/A	N/A	N/A
PSL: Preschool-Speech/Language Delay	N/A	N/A	N/A
SLD: Specific Learning Disability	117.16	184	21557.44
SLI: Speech/Language Impairment	117.16	184	21557.44
SMR: Severe Mental Retardation	N/A	N/A	N/A
TBI: Traumatic Brain Injury	117.16	184	21557.44
VI: Visual Impairment	117.16	184	21557.44
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 **FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	\$ 46.35/1/2HR
Occupational Therapy	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Physical Therapy	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Audiology	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	\$46.35/1/2HR
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	\$46.35/1/2HR
Parent Counseling and Training	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Psychoeducational Assessments	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Psychological Services	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	INCLUDED
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	\$46.35/1/2HR
Medical	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Transportation	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	
Other:	Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	
Other:	Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	
Other:	Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	

Circle all grades for which you are approved:

PreK ☒ K ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12

2006 - 2007 FEE SCHEDULE

Service	Fee
Special Education Day School	Daily Rate: \$117.16

**DISCOUNT SCHEDULE

- Any district having more than 8 students placed at P.C.E. on any given day will receive a 10% discount on the daily rate for additional students enrolled. See example below:

District A	Mon	Tues	Wed	Thurs	Fri
Students Enrolled	4	6	9	8	10
Daily Rate for Students #1 thru #8	\$117.16 x 4	\$117.16 x 6	\$117.16 x 8	\$117.16 x 8	\$117.16 x 8
Daily Rate for Additional Students (#9 and beyond)			\$105.44 x 1		\$105.44 x 2
Total	\$468.64	\$702.96	\$1042.72	\$937.28	\$1148.16

**Phoenix Center for Education bills monthly based on the space provided for a student during that month which includes absences. Exceptions may be made for early withdrawal and extended absences.*

RELATED SERVICES

Transportation	\$46.35 per day
Speech & Language Therapy	\$46.35 per ½ hour
Individual Counseling	\$46.35 per ½ hour
1:1 Intervention Programming	\$128.75 per day


SUSPENSION PROGRAM

Service	Fee
Short and Long Term Suspension Program for Special Needs Students	Daily Rate: \$117.16

**Phoenix Center for Education bills monthly based on the space provided for a student during that month which includes absences. Exceptions may be made for early withdrawal and extended absences.*

Section I: Required Information

(1) Offer and Award Form

OFFER AND AWARD	
	ARIZONA DEPARTMENT OF EDUCATION Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007
	SOLICITATION NO. ED06-0047
OFFER	

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation:

CBHSP Arizona, Inc.

d/b/a Academic Behavioral Alternatives

Company Name

1835 E. Guadalupe Rd, Ste.103

Street Address

Tempe,

AZ

85283

City

State

Zip Code

Telephone Number: **(480) 456-0942**

Facsimile Number: **(480) 456-0956**

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: **860782736**

Offeror's Federal Employer Identification Number: **86-0782736**

Acknowledgement of Amendment(s):

Amendment No. Date

Amendment No. Date

(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Sam Donaldson, Ph.D.

Name of Person Authorized to Sign Offer

President and CEO,

Cenpatco Behavioral Health LLC

Title of Authorized Person

Signature of Authorized Person

Date of Offer

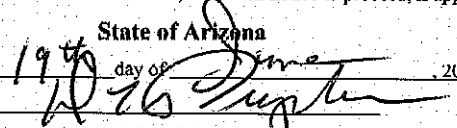
ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated **5-26-06** is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED06-0047-13**

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

Awarded this **19th** day of **June**, 2006.

Douglas C. Peeples, MBA, CPPB, CPCPM
Procurement Director

CBHSP Arizona, Inc.
d/b/a Academic Behavioral Alternatives (ABA)

Offerors' Contact Information

Mailing of Payments:

Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

CBHSP Arizona, Inc. d/b/a/ Academic Behavioral Alternatives
(Company Name)

5402 Payshere Circle
(Street Address)

Chicago, IL 60674
(City & State) (Zip Code)

Contractor representative to contact for contract administration purposes:

Erik Ryan, Director of Schools
(Name and Title)

1835 E. Guadalupe Rd., Ste.103
(Street Address)

Tempe, AZ 85283
(City & State) (Zip Code)

Tel: 480-456-0942/FAX: 480-456-0956
(Telephone & Facsimile Numbers)

eryan@centene.com
(E-mail Address)

Programming & Administrative Contact:

Erik Ryan, M.A.
Director of Schools
Academic Behavioral Alternatives
1835 E. Guadalupe Rd, Ste.103
Tempe, AZ 85283
(480) 456-0942

School District Quality Improvement and Reporting Contact:

Kelly Freudenthal
Assistant Administrator of Schools
Academic Behavioral Alternatives
1835 E. Guadalupe Rd., Ste.103
Tempe, AZ 85283
(480) 456-0942

Business Operations Contact:

Jared Huskinson
School Business Coordinator
Academic Behavioral Alternatives
1835 E. Guadalupe Rd., Ste.103
Tempe, AZ 85283
(480) 456-0942

Corporate Contact and Authorized Signatory:

Sam Donaldson, Ph.D.
President and CEO
Cenpatico Behavioral Health, LLC
504 Lavaca Street, Ste. 800
Austin, Texas 78701
(512) 406-7200

(2) Completed Attachment 6.1 Fee Schedule Parts I and II

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$199	180	\$35,820
EDP: Emotional Disability/Separate Facility of Private School	\$138	180	\$24,840
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$199	180	\$35,820
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	\$138	180	\$24,840
MOMR: Moderate Mental Retardation	\$199	180	\$35,820
OHI: Other Health Impairments	\$138	180	\$24,840
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool – Severe Delay			
PSL: Preschool – Speech/Language Delay			
SLD: Specific Learning Disorder	\$138	180	\$24,840
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$138	180	\$24,840

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$100/hr.
Occupational Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$100/hr.
Physical Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$100/hr.
Audiology	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	NA
Pre-vocation/Vocational	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$90/hr.
Counseling/Guidance for Students	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$90/hr.
Parent Counseling and Training	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$90/hr.
Psychoeducational Assessments	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$90/hr.
Psychological Services	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$100/hr.
Recreation	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	NA
School Health Services	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	NA
Medical	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	NA
Transportation	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	NA
Other: One-to-One Aide - Full day	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$135/day
Other: One-to-One Aide - Half day	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$102/half day
Other: One-to-One Aide - Hourly	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$30/hr.
Extended School Year See "Part III" for Clarification	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	\$95 / \$117

Circle all grades for which you are approved:

PreK K ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

(3) Listing of Any Other Charges Not Included on the Fee Schedule

There are no other charges other than those that are identified on the Fee Schedules.

For ESY Services in 2007, the \$95/day rate covers services provided to students identified as ED and/or MIMR; the \$117/day rate covers services provided to students identified as ED/MOMR, MOMR, MD, and A.

It is understood the above tuition rates are "per day per student" tuition rates and do not preclude districts from contracting with ABA for "classroom rates" or "district-based classroom rates" at discounted price. Districts may contract with ABA through district RFPs for classroom or district-based classroom rates apart from this RFP process.

Charges to the District will continue to accrue for the entire period that the student is enrolled in the school program, including periods of absence and suspensions. Upon notice from the school district to terminate services for a student, daily charges for the student will cease to accrue.



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Desert Voices Oral Learning Center
Company Name

3426 E. Shea Blvd.
Street Address

Phoenix, AZ 85028
City State Zip Code

Telephone Number: 602-224-0598

Linda Malmberg
Name of Person Authorized to Sign Offer

Interim Executive Director
Title of Authorized Person

Linda Malmberg 5/15/06
Signature of Authorized Person Date of Offer

Facsimile Number: 602-224-2460

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: N/A

Offeror's Federal Employer Identification Number: 86-0834633

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amend-
ment(s) to the Solicitation for Offers and
related documents numbered and dated*

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-15-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-14.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

(Company Name)

(Street Address)

(City & State)

(Zip Code)

17. Contractor representative to contact for contract administration purposes:

Linda Malmberg, Interim Executive Director
(Name and Title)

3426 E. Shea Blvd.
(Street Address)

Phoenix, AZ 85028
(City & State) (Zip Code)

PH: 602-224-0598 FAX: 602-224-2460
(Telephone & Facsimile Numbers)

director@desertvoices.phxcoxmail.com
(E-mail Address)

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School			
HI: Hearing Impairment	\$99.00	180	\$17,800
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$1,000/month

Circle all grades for which you are approved:

☒ PreK ☒ K ☒ 1 ☒ 2 ☒ 3 4 5 6 7 8 9 10 11 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

THE CHILDREN'S CENTER FOR
NEURODEVELOPMENTAL STUDIES

Company Name

5430 W. GLENN DRIVE

Street Address

GLENDALE AZ 85301

City

State

Zip Code

Telephone Number: 623-915-0345

WENDY FARR

Name of Person Authorized to Sign Offer

CLINICAL DIRECTOR

Title of Authorized Person

[Signature] 5-22-06

Signature of Authorized Person

Date of Offer

Facsimile Number: 623-937-5425

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

86-0357350

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-22-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-15.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

[Signature]
Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

(Company Name)

(Street Address)

(City & State)

(Zip Code)

17. Contractor representative to contact for contract administration purposes:

WENDY FARR / CLINICAL DIRECTOR
(Name and Title)

5430 W. GLENN DRIVE
(Street Address)

GLENDAL, AZ 85301
(City & State) (Zip Code)

623-915-0345 / 623-937-5425
(Telephone & Facsimile Numbers)

education@thechildrenscenteraz.org
(E-mail Address)

ATTACHMENT 6.1
FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$ 165.00	180	\$ 29,765
EDP: Emotional Disability/Separate Facility of Private School	\$ 165.00	180	\$ 29,765
HI: Hearing Impairment	N/A	N/A	N/A
MD: Multiple Disabilities (Please circle combinations served) VI/VI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, <u>OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED</u>	\$ 165.00	180	\$ 29,765
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, <u>OI/SLD, OI/ED, OI/MIMR, MOMR/ED</u>	\$ 165.00	180	\$ 29,765
MIMR: Mild Mental Retardation	\$ 165.00	180	\$ 29,765
MOMR: Moderate Mental Retardation	\$ 165.00	180	\$ 29,765
OHI: Other Health Impairment	\$ 165.00	180	\$ 29,765
OI: Orthopedic Impairment	\$ 165.00	180	\$ 29,765
PMD: Preschool-Moderate Delay	\$ 135.00	180	\$ 24,300
PSD: Preschool-Severe Delay	\$ 135.00	180	\$ 24,300
PSL: Preschool-Speech/Language Delay	\$ 135.00	180	\$ 24,300
SLD: Specific Learning Disability	\$ 165.00	180	\$ 29,765
SLI: Speech/Language Impairment	N/A	N/A	N/A
SMR: Severe Mental Retardation	\$ 165.00	180	\$ 29,765
TBI: Traumatic Brain Injury	N/A	N/A	N/A
VI: Visual Impairment	N/A	N/A	N/A
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 **FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Recreation (RECREATION THERAPY)	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Other: MUSIC THERAPY	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other: HORTICULTURE THERAPY	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other: THERAPEUTIC HORSEBACK RIDING	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$165 P/DAY

OTHER: ONE ON ONE AIDE

☒ Y ☐ N ☐ Y ☒ N \$14.00 P/HOUR

Circle all grades for which you are approved:

☒ PreK ☒ K
 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

St. Michaels Association for
Special Education, Inc.
Company Name

P.O. Box 100 - Mustang Road
Street Address

St. Michaels, Arizona 86511
City State Zip Code

Telephone Number: 928-871-2800

Gillis Chapela
Name of Person Authorized to Sign Offer

Executive Director
Title of Authorized Person

Gillis Chapela 5/23/06
Signature of Authorized Person Date of Offer

Facsimile Number: 928-871-2837

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: None

Offeror's Federal Employer Identification Number: 86-0224865

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amend-
ment(s) to the Solicitation for Offers and
related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-23-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-16.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peeples
Douglas C. Peeples, MBA, CPPE, CPCM
Procurement Director

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED08-0047

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	\$200.00	180	\$36,000
EDP:	Emotional Disability/Separate Facility of Private School			
HI:	Hearing Impairment	\$200.00	180	\$36,000
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$200.00	180	\$36,000
MD-SSI:	Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$200.00	180	\$36,000
MIMR:	Mild Mental Retardation	\$200.00	180	\$36,000
MOMR:	Moderate Mental Retardation	\$200.00	180	\$36,000
OHI:	Other Health Impairment	\$200.00	180	\$36,000
OI:	Orthopedic Impairment	\$200.00	180	\$36,000
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability			
SLI:	Speech/Language Impairment	\$200.00	180	\$36,000
SMR:	Severe Mental Retardation	\$200.00	180	\$36,000
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment	\$200.00	180	\$36,000
Alternative General Education: for At-Risk students				

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1
FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Audiology	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Transportation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	

Circle all grades for which you are approved:

PreK K ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

4 Success Schools, LLC
Company Name
5727 N. Black Canyon Hwy.
Street Address
Phoenix, AZ 85015
City State Zip Code
Telephone Number: 623-937-8780

Kelli Lund
Name of Person Authorized to Sign Offer
Program Coordinator
Title of Authorized Person
Kelli Lund 5-25-06
Signature of Authorized Person Date of Offer
Facsimile Number: 623-937-1883

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

N/A

Offeror's Federal Employer Identification Number:

41-2091709

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-25-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-17.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 14th day of June, 2006.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPE, CPCM
Procurement Director

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$103.00	180	\$18,540.00
EDP: Emotional Disability/Separate Facility of Private School	same	same	same
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	same	same	same
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	same	same	same
MOMR: Moderate Mental Retardation	same	same	same
OHI: Other Health Impairment	same	same	same
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	same	same	same
SLI: Speech/Language Impairment	same	same	same
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	same	same	same
VI: Visual Impairment			
Alternative General Education: for At-Risk students	same	same	same

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
EEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	\$84/hr
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	\$84/hr
Physical Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	\$84/hr
Audiology	<input type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	\$100/hr
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	
Psychological Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	
Transportation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	\$65/day
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	\$93/day

Circle all grades for which you are approved:

PreK ☒ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12



PO BOX 5484 GLENDALE, AZ 85312
(623) 937-8780 fax (623) 937-1883

May 8, 2006

Please accept this document as 4 Success Schools' request for proposal. Our State approved program provides educational services for exceptional children, from kindergarten through high school, who have been identified as ED, LD, MIMR, MOMR, OHI, TBI and Autism. The curriculum is on file and meets the Arizona Academic Standards.

Listed below is the pricing for the 2006-2007 school year which is based on 180 attendance days.

	Daily	Annually
ED-P, LD, MIMR, MOMR, A, TBI, OHI students.....	\$103.00	\$18,540.00
One-on-one aide.....	\$81.00	\$14,580.00
½ day tuition.....	\$93.00	\$16,740.00
OSS.....	\$88.00	
OSS Transportation (as needed).....	\$65.00	
Therapy rates are priced per hour:		
Speech and Language Therapy.....	\$ 84.00	
Occupational Therapy.....	\$ 84.00	
Physical Therapy.....	\$ 84.00	
Individual Counseling.....	\$100.00	
ESY.....	Daily \$93.00	Per 6 week session \$2,0511.00
*Counseling Services	no charge	
*Music Therapy.....	no charge	
*Art Therapy.....	no charge	
*Parent Support Services.....	no charge	

*4 Success Schools offers counseling services, music and art therapies and parent support services as part of our program and at no charge to the district.

Signature

Date



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Foundation for Blind Children

Company Name

1235 E. Harmont Drive

Street Address

Phoenix AZ 85020

City

State

Zip Code

Telephone Number: 602-331-1470

Michael Hanks

Name of Person Authorized to Sign Offer

Director Finance & Administration

Title of Authorized Person

Michael Hanks

Signature of Authorized Person

5-19-06

Date of Offer

Facsimile Number: 602-678-5803

860129981

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-19-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-18.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Same

(Company Name)

Same

(Street Address)

Same

(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

Michael Hanks

(Name and Title)

1235 E. Harmont Drive

(Street Address)

Phoenix AZ 85020

(City & State) (Zip Code)

602-331-1470 Fax: 602-678-5803

(Telephone & Facsimile Numbers)

mhanks@the-fbc.org

(E-mail Address)

Each year, The Foundation for Blind Children publishes its fees for the coming school year for services provided to blind and low vision children. Following are the fees for the 2006-2007 school years. These fees will remain in effect through June 30, 2007.

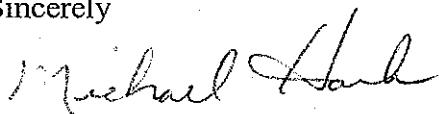
TEXTBOOK SERVICE	\$1,100/YEAR
PRESCHOOL TUITION (Annual):	
VISUALLY IMPAIRED*	\$8,450/YEAR
VI WITH PSD, PMD & PSL**	\$12,300/YEAR
K-2 MDSSI CLASSROOM TUITION (Annual)	\$23,000/YEAR
VISION RESOURCE TEACHING (including evaluations)	\$80.00/HOUR
ORIENTATION & MOBILITY INSTRUCTION (including evaluations)	\$80.00/HOUR
EDUCATIONAL EVALUATIONS	\$80.00/HOUR
ASSISTIVE TECHNOLOGY TRAINING	\$80.00/HOUR
ASSISTIVE TECHNOLOGY EVALUATIONS	\$90.00/HOUR
EXTENDED SCHOOL YEAR SERVICES – PRESCHOOL	\$170.00/WEEK
EXTENDED SCHOOL YEAR SERVICES – ELEMENTARY & SECONDARY	\$220.00/WEEK
INDEPENDENT LIVING SKILLS TRAINING – as available	NO CHARGE
COUNSELING SERVICES – as available	NO CHARGE

*The preschool tuition of \$8,450 for the visually impaired child does not include the cost for any therapies, i.e., speech, physical or occupational. These therapies are sometimes recommended and any therapies approved in the child's IEP will be billed separately, over and above the tuition rate, at an hourly rate of \$72.00/hour.

**The preschool tuition of \$12,300 for the MDSSI child includes individualized speech, physical and occupational therapies, not to exceed six (6) hours of individualized therapy per month. If additional therapy is authorized by the district and is available from FBC, the district will be billed at \$72.00/hour.

FBC is designed as a vision resource center to assist school districts and students in the provision of specialized services and materials for blind and visually impaired children. If we can be of any assistance or answer any questions, please contact Elaine Baldrige or Michael Hanks at 602-331-1470.

Sincerely



Michael Hanks
Director/ Finance and Administration

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve: SEE FEE SCHEDULE ATTACHED

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/VI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$159.72	180	\$23,200 K-2
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay	85.41	140	\$12,300 P/S
PSD: Preschool-Severe Delay	85.41	140	\$12,300 P/S
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment P/S and K-2	\$58.68		\$8450.00
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 **FEE SCHEDULE PART II**

Please complete entire form as appropriate.

See the attached fee schedule

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	\$72.00
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	\$72.00
Physical Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	\$72.00
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	No fee
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	No fee
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other: Independent Living Skills are avail.	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year Weekly Rate Weekly Rate	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	*****

***** \$170.00 preschool
***** \$220.00 Elem/Secondary

Circle all grades for which you are approved:

☒ PreK ☒ K ☒ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

The preschool tuition rate for visually impaired children does not include the cost for any therapies. The Preschool tuition rate for MDSSI includes the cost of up to six hours of recommended therapies per month. The K-2 tuition rate for MDSSI includes the cost of all authorized therapies. (See also the attached fee schedule.)



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Devereux Arizona
Company Name
6436 E Sweetwater Ave
Street Address
Scottsdale AZ 85254
City State Zip Code
Telephone Number: 480-998-2920

Lane Martin - Barker
Name of Person Authorized to Sign Offer
Executive Director
Title of Authorized Person
Lane Martin Barker 5/24/06
Signature of Authorized Person Date of Offer
Facsimile Number: 480-998-0642

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: N/A

Offeror's Federal Employer Identification Number: 23-1390618

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date
N/A

Amendment No. Date
N/A

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5/24/06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 19.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPBB, CPCP
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Devereux Arizona
(Company Name)
11000 N. Scottsdale Rd, Ste. 260
(Street Address)
Scottsdale AZ 85254
(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

Sophie Park, Contract Manager
(Name and Title)
11000 N Scottsdale Rd, Ste. 260
(Street Address)
Scottsdale AZ 85254
(City & State) (Zip Code)
480-889-0569
(Telephone & Facsimile Numbers)
SPark@Devereux.ORG
(E-mail Address)

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$ 124	180	\$ 22,320
EDP: Emotional Disability/Separate Facility of Private School	\$ 124	180	\$ 22,320
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	\$ 124	180	\$ 22,320
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$ 124	180	\$ 22,320
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$ 124	180	\$ 22,320
SLI: Speech/Language Impairment	\$ 124	180	\$ 22,320
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$ 124	180	\$ 22,320

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$ 75
Occupational Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$ 75
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$ 75
Psychoeducational Assessments	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Transportation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	\$75 per Trip
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$ 124 DAY

Circle all grades for which you are approved:

PreK ☒ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

ARIZONA BAPTIST CHILDREN'S SERVICES

Company Name

DON E. McDANIEL, JR.

Name of Person Authorized to Sign Offer

6015 W. PEORIA AVENUE

Street Address

SENIOR VICE PRESIDENT

Title of Authorized Person

GLENDALE AZ 85302

City

State

Zip Code

[Signature]

Signature of Authorized Person

[Date]

Date of Offer

Telephone Number: 623 349-2227

Facsimile Number: 623 776-0343

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

86 605 3028

Offeror's Federal Employer Identification Number:

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-24-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-20.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

[Signature]
Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	115 ⁰⁰	180	20,700
EDP: Emotional Disability/Separate Facility of Private School	115 ⁰⁰	180	20,700
HI: Hearing Impairment	—	—	—
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	—	—	—
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	—	—	—
MIMR: Mild Mental Retardation	115 ⁰⁰	180	20,700
MOMR: Moderate Mental Retardation	—	—	—
OHI: Other Health Impairment	115 ⁰⁰	180	20,700
OI: Orthopedic Impairment	—	—	—
PMD: Preschool-Moderate Delay	—	—	—
PSD: Preschool-Severe Delay	—	—	—
PSL: Preschool-Speech/Language Delay	—	—	—
SLD: Specific Learning Disability	115 ⁰⁰	180	20,700
SLI: Speech/Language Impairment	—	—	—
SMR: Severe Mental Retardation	—	—	—
TBI: Traumatic Brain Injury	—	—	—
VI: Visual Impairment	—	—	—
Alternative General Education: for At-Risk students	115 ⁰⁰	180	20,700

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	70/hr.
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	70/hr
Physical Therapy	Y	<input checked="" type="radio"/> N	Y	<input type="radio"/> N	70/hr.
Audiology	Y	<input checked="" type="radio"/> N	Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	70/hr
Psychoeducational Assessments	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	at rate charged
Psychological Services	Y	<input checked="" type="radio"/> N	Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	Y	<input checked="" type="radio"/> N	Y	<input type="radio"/> N	
Transportation	Y	<input checked="" type="radio"/> N	Y	<input type="radio"/> N	
Other:	Y	<input type="radio"/> N	Y	<input type="radio"/> N	
Other:	Y	<input type="radio"/> N	Y	<input type="radio"/> N	
Other:	Y	<input type="radio"/> N	Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	90/day

Circle all grades for which you are approved:

PreK ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

ARIZONA BAPTIST CHILDREN'S SERVICES
Smithey-Link Education Center
15640 North 28th Drive
Phoenix, AZ 85053
(623) 349-2250

**PROPOSAL TO PROVIDE EDUCATIONAL SERVICES TO SPECIAL EDUCATION/NON
SPECIAL EDUCATION STUDENTS FOR THE 2006/2007 ACADEMIC YEAR.**

I. SCHOOL CONTACT PERSONS:

Ms. Sherry Jones, Principal
15640 North 28th Drive
Phoenix, AZ 85053
Telephone: (623) 349-2250

II. PROGRAM DESCRIPTION:

ABCS Smithey-Link Education Center provides a specialized education program for special education and non special education students in grades K through 12. Students are evaluated for placement by the contracting school districts or by the Arizona Department of Education, Permanent Voucher Program. The school serves as an integral part of the Residential Treatment Program of Arizona Baptist Children's Services and as a resource for public school districts, which may refer students who require a highly structured and supervised self-contained classroom, separate from public school facilities.

Smithey-Link Education Center serves students who, for a variety of reasons, cannot benefit from, or adjust to, a regular school program or special education services provided in the public school system. The school is designed specifically to accommodate those students who, because of emotional and/or behavioral maladjustment, are not motivated by traditional models of classroom learning and whose interpersonal relationship patterns preclude enrollment in a public school. Common symptoms of students placed in Smithey-Link Education Center include: short attention span, moderate-to-severe distractibility, hyperactivity, need for immediate gratification, heightened arousal seeking, delinquency, runaway, physical or verbal aggressiveness toward peers and/or adults, school truancy, frequent school tardiness, underachievement, school dropout, disinterest in school, severe family conflicts, alcohol and/or drug abuse, depression, suicidal gestures, diminished ability for self-control, emotional lability, psychosomatic disorders, and more serious symptoms such as hallucinations, delusions and thought disorders.

III. EDUCATIONAL AND RELATED SERVICES PROVIDED:

A. Instructional Services:

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Upward Foundation

Company Name

6306 N. 7th Street

Street Address

Phoenix AZ 85014
City State Zip Code

Telephone Number: 602-279-5801

Sharon L. Graham

Name of Person Authorized to Sign Offer

Director of Programs

Title of Authorized Person

Sharon L. Graham 5-18-06
Signature of Authorized Person Date of Offer

Facsimile Number: 602-279-0785

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: N/A

Offeror's Federal Employer Identification Number: 86-0221195

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-18-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED06-0047- 21**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peeples
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) **SEE BELOW VI/HL, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$131	182	\$23,842
MD-SSI: Multiple Disabilities/Severe Sensory Impairment **SEE BELOW (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$131	182	\$23,842
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation	\$131	182	\$23,842
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay	\$111	140	\$15,540
PSD: Preschool-Severe Delay	\$111	140	\$15,540
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation	\$131	182	\$23,842
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

****Districts that contract with us provide the vision or hearing teacher for these students.****

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by N/A %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other: Music Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other: Additional OT, PT and/or ST	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$75/hour
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$111/day - PS \$131/day - K-12

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Starways, Inc. dba The Hi-Star Center

Company Name

Kristin E. Texada
Name of Person Authorized to Sign Offer

5807 N. 43rd Ave.

Street Address

Program Director

Title of Authorized Person

Phoenix AZ 85019
City State Zip Code

Kristin E. Texada 5/25/06
Signature of Authorized Person Date of Offer

Telephone Number: 602-548-3038

Facsimile Number: 602-548-3175

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

86-0716105

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-25-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 22.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

Douglas C. Peeples
Douglas C. Peeples, MBA, CP/B, CPCU
Procurement Director

ATTACHMENT 6.1 FEE SCHEDULE PART I

Hi-Star Center for Children

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$ 145.00	180	\$26,100.00
EDP: Emotional Disability/Separate Facility of Private School	\$ 145.00	180	"
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$ 145.00	180	"
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	\$ 145.00	180	"
MOMR: Moderate Mental Retardation	\$ 145.00	180	"
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$ 145.00	180	"
SLI: Speech/Language Impairment	\$ 145.00	180	"
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Hi-Star Center for Children

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other: MASTERPIECE MUSIC & ART PROGRAMS	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other: MUSIC INSTRUCTION/CHOIR	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other: MOVEMENT & DANCE	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	

Circle all grades for which you are approved:

PreK ☒ K ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Alternatives Unlimited, Inc

Company Name

Herbert Burk

Name of Person Authorized to Sign Offer

8508 Loch Raven Blvd, Ste E

Street Address

CFO

Title of Authorized Person

Baltimore MD 21286

City

State

Zip Code

[Signature]

Signature of Authorized Person

5/25/06

Date of Offer

Telephone Number: 410 339-3945

Facsimile Number: 410 339-7496

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

52-2073228

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-25-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-23.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19th day of June, 2006.

[Signature]
Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

(Company Name)

(Street Address)

(City & State)

(Zip Code)

17. Contractor representative to contact for contract administration purposes:

Melissa Replogle Supervisor of Legal Services
(Name and Title)

8508 Loch Raven Blvd, Suite 2
(Street Address)

Baltimore MD 21286
(City & State) (Zip Code)

410 339 3945 410 339-7496
(Telephone & Facsimile Numbers)

mreplogle@alternativesunlimited.com
(E-mail Address)

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School	85.90	210	\$18,039
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
MD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	75.00	210	\$15,750
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	52.50	180	\$9450

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$75 hr
Physical Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$75 hr
Audiology	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$75 hr
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$100 hr
Psychological Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Transportation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$20 1-way per student
Other: Social Worker	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	

except alternative

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Youth Development Institute
Company Name

1830 E Roosevelt Road
Street Address

Phoenix AZ 85006
City State Zip Code

Telephone Number: 602-254-0884

Trish Cocoros
Name of Person Authorized to Sign Offer

Associate Director
Title of Authorized Person

Trish Cocoros 5-25-06
Signature of Authorized Person Date of Offer

Facsimile Number: 602-258-4033

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

86-0841341

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-25-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047-24.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19 day of June, 2006.

Douglas C. Peoples
Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Same

(Company Name)

(Street Address)

(City & State)

(Zip Code)

17. Contractor representative to contact for contract administration purposes:

Trish Cocoros Associate Director
(Name and Title)

1830 E Roosevelt Rd
(Street Address)

Phoenix AZ 85006
(City & State) (Zip Code)

602-254-0884
(Telephone & Facsimile Numbers)

Trish.cocoros@di.org
(E-mail Address)

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School	\$120	180	\$21,600
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	\$120	180	\$21,600
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$120	180	\$21,600
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within 5 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 5%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$80/hr
Occupational Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Pre-vocation/Vocational	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Recreation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Other:	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$120/day

Circle all grades for which you are approved:

PreK ☒ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

okcat

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED06-0047

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Special Education Services
dba / Southwest Education Center
Company Name

Elizabeth Conran
Name of Person Authorized to Sign Offer

4433 N. 7th Street
Street Address

Board of Directors
Title of Authorized Person

Phoenix Az 85014
City State Zip Code

Signature of Authorized Person Date of Offer

Telephone Number: 602-277-0920

Facsimile Number: 602-277-09217

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

N/A

Offeror's Federal Employer Identification Number:

36-2781597

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 5-26-06, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED06-0047- 25.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 19 day of June, 2006.

Douglas C. Peeples, MBA, CPPB, CPCP
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED06-0047

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Special Education Services
(Company Name)

1720 Randall Rd
(Street Address)

Aurora, IL 60506
(City & State) (Zip Code)

17. Contractor representative to contact for contract administration purposes:

Laura Breezer, Principal
(Name and Title)

4433 7th Street
(Street Address)

Phoenix, Arizona 85014
(City & State) (Zip Code)

602-277-7235 Fax 602-277-9217
(Telephone & Facsimile Numbers)

beth.conram@mentat.com
(E-mail Address)

**ATTACHMENT 6.1
FEE SCHEDULE PART 1**

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$157 -	180	\$28,260
EDP: Emotional Disability/Separate Facility of Private School	\$121 -	180	\$21,780
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$157	180	\$28,260
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$157	180	\$28,260
MIMR: Mild Mental Retardation	\$157	180	\$28,260
MOMR: Moderate Mental Retardation	\$157	180	\$28,260
OHI: Other Health Impairment	\$121	180	\$21,780
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$121	180	\$21,780
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation	\$157	180	\$28,260
TBI: Traumatic Brain Injury	\$121	180	\$21,780
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

lease complete entire form as appropriate.

Related Services	Available		Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y <input checked="" type="radio"/> N	
Occupational Therapy	Y	<input checked="" type="radio"/> N	Y N	
Physical Therapy	Y	<input checked="" type="radio"/> N	Y N	
Audiology	Y	<input checked="" type="radio"/> N	Y N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y N	
Parent Counseling and Training	Y	<input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Psychoeducational Assessments	Y	<input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Psychological Services	<input checked="" type="radio"/> Y	N	<input checked="" type="radio"/> Y N	
Recreation	Y	<input checked="" type="radio"/> N	Y N	
School Health Services	Y	<input checked="" type="radio"/> N	Y N	
Medical	Y	<input checked="" type="radio"/> N	Y N	
Transportation	<input checked="" type="radio"/> Y	N	Y <input checked="" type="radio"/> N	
Other:	Y	N	Y N	
Other:	Y	N	Y N	
Other:	Y	N	Y N	
Extended School Year	<input checked="" type="radio"/> Y	N	Y <input checked="" type="radio"/> N	

Circle all grades for which you are approved:

PreK ☒ K ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12

ATTACHMENT 6.1
FEE SCHEDULE PART II (Attachment)

TRANSPORTATION

One Way Rates

Effective 2006-2007- school year (SWEC only)

<u>Miles</u>	<u>Cost</u>
0.0-5.0	\$12.73
5.1-10.0	\$14.18
10.1-13.0	\$19.85
13.1-15.0	\$21.26
15.1-20.0	\$28.35

ESY RATES

\$121.00 Daily Rate

- **Specific Learning Disability**
- **Emotional Disability**
- **Other Health Impairments**
- **Traumatic Brain Injury**

\$157.00 Daily Rate

- **Autism**
- **Mild Mental Retardation**
- **Moderate Mental Retardation**
- **Sever Mental Retardation**
- **Multiple Disabilities**